

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/18/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445502	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING _____		(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SMYRNA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 05/15/2017. During this Life Safety Survey, The Waters of Smyrna was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2012. The requirement at 42 (CFR), Subpart 483.70(a) is NOT MET as evidenced by:	K 000			
K 211 SS=D	NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This STANDARD is not met as evidenced by: Based on observation the facility failed to maintain the means of egress. The finding included: 1. Observation on 05/15 /2017 at 9:12 AM and 10:12 AM, revealed a linen cart stored in the corridor by room 203 and a linen cart and trash cart stored in the corridor outside of room 103. (carts in both areas remained for more than 30 minutes but were removed from the corridor during the fire drill) NFPA 101, 19.2.3.4 (4) (2012	K 211			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 211	Continued From page 1 Edition)	K 211			
K 222 SS=D	<p>2. Observation on 5/15/17 at 10:14 AM, revealed the 300 hallway outside emergency exit egress was obstructed by a dumpster. NFPA 101, 19.2.1 (2012 Edition)</p> <p>Staff Member #1 was present when the deficiencies were identified and the Regional Director of Operations acknowledged the deficiencies during the exit conference on 05/15/2017.</p> <p>NFPA 101 Egress Doors</p> <p>Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is</p>	K 222			

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K 222	<p>Continued From page 2</p> <p>protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS</p> <p>Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</p> <p>Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.</p> <p>18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS</p> <p>Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4 This STANDARD is not met as evidenced by: Based on interview, the facility failed to maintain the egress doors.</p> <p>The findings included:</p>	K 222			

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K 222	Continued From page 3 1. Interview with staff member #1 on 05/15/2017 at 9:25 AM, revealed the staff member did not know the exit code to the emergency egress door in the middle of 300 hall. (door did release on fire alarm activation) NFPA 101, 19.2.2.2.5.2 (2012 Edition) 2. Observation on 05/15/2017 at 9:35 AM, revealed the latch on the medical records room door was installed over 48 inches. NFPA 101, 19.2.2.2.1 (2012 Edition) NFPA 101, 7.2.1.5.10.1 (2012 Edition) Staff Member #1 was present when the deficiencies were identified and the Regional Director of Operations acknowledged the deficiencies during the exit conference on 05/15/2017.	K 222			
K 223 SS=D	NFPA 101 Doors with Self-Closing Devices Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the cross corridor doors with self closing	K 223			

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K 223	Continued From page 4 devices. The finding included: Observation during the fire drill on 5/15/17 at 10:20 AM, revealed (1 of 2) cross corridor doors (by the A nurse station) did not release upon fire alarm activation. NFPA 101, 19.2.2.7* (2012 Edition) The maintenance director was present when this deficiency was identified and it was later acknowledged by the regional director of operations during the exit conference on 5/15/17.	K 223			
K 321 SS=D	NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure 2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet)	K 321			

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K 321	Continued From page 5 c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the hazardous areas. The finding included: 1. Observation on 5/15/17 at 9:07 AM, revealed two (2) kitchen doors did not self-close and latch within the frame on the service corridor. NFPA 101, 19.3.2.1 (2012 Edition) 2. Observation on 05/15/2017 at 9:27 AM, revealed a 10 inch by 10 inch hole in the wall of the smoking room covered with a plastic plate. NFPA 101, 19.3.2.1.2 (2012 Edition) NFPA 101, 8.4.2(2) (2012 Edition) The maintenance director or staff member #1 was present when this deficiency was identified and it was later acknowledged by the regional director of operations during the exit conference on 5/15/17.	K 321			
K 324 SS=D	NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small	K 324			

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K 324	<p>Continued From page 6</p> <p>appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2</p> <p>* cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or</p> <p>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.</p> <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This STANDARD is not met as evidenced by: Based on observations, interview, and document review, the facility failed to protect the cooking equipment.</p> <p>The findings included:</p> <p>1. Observation on 5/15/17 at 9:05 AM, revealed a shelf mounted over the gas stove obstructing the spray pattern for the hood suppression system. NFPA 101, 19.3.2.5.1 (2012 Edition) NFPA 101, 9.3 (2012 Edition) NFPA 96, 10.2.7.3 (2011 Edition)</p> <p>2. Interview with kitchen staff member on 5/15/17 at 9:08 AM, revealed kitchen staff member #2 was not familiar with the correct procedures in the event of a kitchen fire. NFPA 101, 19.3.2.5.1 (2012 Edition) NFPA 101, 9.3 (2012 Edition)</p>	K 324			

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K 324	Continued From page 7 NFPA 96, 10.5.7 (2011 Edition) 3. Document review on 05/15/2017 at 11:05 AM, revealed the facility failed to provide documentation of the semi-annual hood suppression system inspection during the second half of 2016. NFPA 101, 19.3.2.5.3 (2012 Edition) NFPA 96, 11.2.1 (2011 Edition) The maintenance director was present when these deficiencies were identified and they were later acknowledged by the administrator during the exit conference on 5/15/17.	K 324			
K 345 SS=E	NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on document review the facility failed to maintain the fire alarm system. The findings included: Document review on 05/15/2017 at 11:20 AM, revealed smoke detectors (SD) and heat detectors (HD) in multiple locations were not	K 345			

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K 345	Continued From page 8 tested during annual fire alarm inspections of 2016. (SD as listed in annual testing report: #33 Dining room, #34 Dining room, and #35 Outside Mechanical room at laundry)(HD as listed in annual testing report: Chemical room on maintenance hall, mechanical room outside kitchen, inside dryer mechanical room, therapy kitchen, laundry, maintenance office (x2), nourishment room, and kitchen (x2)) NFPA 101, 19.3.2.5.3(11) (2012 Edition) NFPA 72, 14.4.5 (2010 Edition) NFPA 72, Table 14.4.5.15 (e) (2010 Edition), NFPA 14.4.5.15 (h) (2010 Edition)	K 345			
K 351 SS=D	Maintenance staff was present when the deficiencies were identified and Regional Director of Operations acknowledged the deficiencies during the exit conference on 05/15/2017. NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)	K 351			

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K 351	Continued From page 9 This STANDARD is not met as evidenced by: Based on observations, the facility failed to install sprinklers under a canopy with combustible storage. The finding included: Observation on 5/15/17 at 9:45 AM, revealed combustible storage (pallet and cardboard) underneath the back canopy without sprinkler coverage. NFPA 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7.1.1 (2012 Edition) NFPA 13, 8.5.5.3.1 (2010 Edition) The maintenance director was present when this deficiency was identified and it was later acknowledged by the regional director of operations during the exit conference on 5/15/17.	K 351			
K 353 SS=D	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked b) Who provided system test c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler	K 353			

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K 353	<p>Continued From page 10 system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on observations and document review, the facility failed to maintain the sprinkler system.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Observation on 5/15/17 at 9:06 AM, revealed two (2) sprinklers loaded with a foreign material in the kitchen. NFPA 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7.1.1 (2012 Edition) NFPA 13, 26.1 (2010 Edition) NFPA 25, 5.2.1.1.2 (2011 Edition) 2. Observation on 5/15/17 at 9:11 AM, revealed a sprinkler with paint and corrosion in the boiler room by the cardboard dumpster. NFPA 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7.1.1 (2012 Edition) NFPA 13, 26.1 (2010 Edition) NFPA 25, 5.2.1.1.2 (2011 Edition) 3. Observation on 5/15/17 at 9:46 AM, revealed a sprinkler loaded with a foreign material outside the 300 hallway. NFPA 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7.1.1 (2012 Edition) NFPA 13, 26.1 (2010 Edition) NFPA 25, 5.2.1.1.2 (2011 Edition) 4. Observation on 05/15/2017 at 10:45 AM, revealed two (2) escutcheon plates missing in the maintenance office. NFPA 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7.1.1 (2012 Edition) NFPA 13, 26.1 (2010 Edition) NFPA 25, 5.2.1.1.4 (2011 Edition) 5. Document review on 5/15/17 at 11:09 AM, revealed the facility did not provide documentation for a ten (10) year dry sprinkler test. NFPA 101, 19.3.5.1 (2012 Edition) NFPA 	K 353			

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K 353	Continued From page 11 101, 9.7.1.1 (2012 Edition) NFPA 13, 26.1 (2010 Edition) NFPA 25, Table 5.1.1.2 (2011 Edition)	K 353			
K 363 SS=D	The maintenance director was present when these deficiencies were identified and they were later acknowledged by the regional director of operations during the exit conference on 5/15/17. NFPA 101 Corridor - Doors Corridor - Doors 2012 EXISTING Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.	K 363			

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PRINTED: 05/18/2017
FORM APPROVED
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445502	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING _____		(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SMYRNA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 363	Continued From page 12 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain corridor doors. The findings included: Observation on 05/15/2017 at 9:14 AM, revealed the corridor door to room 203 did not close and latch within the frame. (inspector attempted to latch the door but was not successful do to resistance of door closing and fear of damage to door) (door was latched by staff during the fire drill) NFPA 101, 19.3.6.3.5 (2012 Edition) Staff Member #1 was present when the deficiencies were identified and the Regional Director of Operations acknowledged the deficiencies during the exit conference on 05/15/2017.	K 363			
K 712 SS=D	NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used	K 712			

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K 712	Continued From page 13 instead of audible alarms. 18.7.1.4 through 18.7.1.7, 19.7.1.4 through 19.7.1.7 This STANDARD is not met as evidenced by: Based on document review, the facility failed to comply with fire drill requirements. The findings included: Document review on 05/15/2017 at 10:57 AM, revealed the facility failed to conduct fire drills during the 3rd and 4th quarters during 2nd and 3rd shifts during 2016. NFPA 101, 19.7.1.6 (2012 Edition) Maintenance staff was present when the deficiencies were identified and Regional Director of Operations acknowledged the deficiencies during the exit conference on 05/15/2017.	K 712			
K 921 SS=D	NFPA 101 Electrical Equipment - Testing and Maintenanc Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the	K 921			

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NAME OF PROVIDER OR SUPPLIER THE WATERS OF SMYRNA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167		
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K 921	<p>Continued From page 14</p> <p>development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training.</p> <p>10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8</p> <p>This STANDARD is not met as evidenced by: Based on document review, the facility failed to maintain the electrical system.</p> <p>The finding included:</p> <p>Document review on 5/15/17 at 11:15, revealed the facility failed to provide documentation for an annual retention outlet test for 2017. NFPA 99, 6.3.3.2.4 (2012 Edition)</p> <p>The maintenance director was present when this deficiency was later acknowledged by the regional director of operations during the exit conference on 5/15/17.</p>	K 921			